

## DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe the named inventor(s) to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## FACING HAVING INCREASED STIFFNESS FOR INSULATION AND OTHER APPLICATIONS

the specification of which was filed on December 9, 2003, as United States Application No. 10/731,847, bearing attorney docket no. V00058.70028US00.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

The undersigned hereby appoints the following attorney(s) and/or agent(s) to prosecute this application and all related divisional, continuing, substitute, renewal, reissue, re-exam, and to conduct all business in the Patent and Trademark Office connected therewith:

☑ Practitioners at Custo	mer rumber.			•
AND		•	• .	
$\square$ Practitioner(s) named	l below:			
	Name		Registration	Number
	<del>V </del>			
OR  Correspondence address to ATTORNEY'S NAME				•
FIRM NAME				
FIRM NAME				<del></del>
			•	
ADDRESS		•		
ADDRESS CITY	ST	ATE		ZIP

27 Jan 2804

Address all telephone calls to Lawrence M. Green at telephone no. (617) 720-3500.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's signature

Full name first inventor:

Citizenship:

Residence:

Post Office Address:

Lewis S. Cohen

USA

20 Burr Drive, Needham, MA 02192

Inventor's signature

Full name additional inventor:

Beukering

Citizenship: Residence:

Netherlands Lage Gouwe 166,

NL-2801 LL Gouda, Netherlands

Sebastiarius Franciscus Maria van

Post Office Address:

Same

Inventor's signature

Full name additional inventor:

Citizenship:

Residence:

Steven Wyer

United Kingdom

218 Thimblemill Road

Smethwick **B67 6LS** 

United Kingdom

Post Office Address:

Same

Date



## DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe the named inventor(s) to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## FACING HAVING INCREASED STIFFNESS FOR INSULATION AND OTHER APPLICATIONS

the specification of which was filed on December 9, 2003, as United States Application No. 10/731,847, bearing attorney docket no. V00058.70028US00.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

The undersigned hereby appoints the following attorney(s) and/or agent(s) to prosecute this application and all related divisional, continuing, substitute, renewal, reissue, re-exam, and to conduct all business in the Patent and Trademark Office connected therewith:

☑Practitioners at Customer Ni	umber:	23628
AND		
☐ Practitioner(s) named below	y:	
	Name	Registration Number
OR Correspondence address below:  ATTORNEY'S NAME		
FIRM NAME	·	
ADDRESS		<u> </u>
CITY	STATE	ZIP
COUNTRY	TELEPHONE	FAX

Date

Address all telephone calls to Lawrence M. Green at telephone no. (617) 720-3500.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's signature

Full name first inventor:

Citizenship:

Residence:

Post Office Address:

Lewis S. Cohen

USA

20 Burr Drive, Needham, MA 02192

Same

Inventor's signature

Full name additional inventor:

Sebastianus Franciscus Maria van

Beukering

Citizenship:

Netherlands

Residence:

Lage Gouwe 166,

NL-2801 LL Gouda, Netherlands

Post Office Address:

Same

Inventor's signature

Full name additional inventor:

Citizenship:

Steven Wyer

United Kingdom

Residence:

218 Thimblemill Road

Smethwick B67 6LS

United Kingdom

Post Office Address:

Same